

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053911

FILED
Jan 16, 2008
Secretary of State

Entity Name: MELBOURNE RI MANAGER, LLC

Current Principal Place of Business:

1065 KANE CONCOURSE
201
BAY HARBOR ISLANDS, FL 33154 US

New Principal Place of Business:

Current Mailing Address:

1065 KANE CONCOURSE
201
BAY HARBOR ISLANDS, FL 33154 US

New Mailing Address:

FEI Number: 20-4934601 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINVARB, ROBERT I
1065 KANE CONCOURSE
201
BAY HARBOR ISLANDS, FL 33154 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FINVARB, RICHARD
Address: 9425 HARDING AVENUE
City-St-Zip: SURFSIDE, FL 33154 US

Title: MGRM () Delete
Name: FINVARB, RONALD
Address: 1065 KANE CONCOURSE, SUITE 201
City-St-Zip: BAY HARBOR ISLANDS, FL 33154 US

Title: MGRM () Delete
Name: FINVARB, ROBERT I
Address: 1065 KANE CONCOURSE, SUITE 201
City-St-Zip: BAY HARBOR ISLANDS, FL 33154 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBERT FINVARB

MGR

01/16/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date